MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51						
2		(					52						
3		(					53						
4		I					54						
5		I					55						
6		I					56						
7		(					57						
8	(						58						
9		\					59						
10		(					60						
11		(					61						
12		(					62						
13	I						63						
14		(					64						
15		\					65						
16	\						66						
17		(					67						
18		(					68						
19		I					69						
20		\					70						
21		(					71						
22		(					72						
23		(					73						
24		(					74						
25	\						75						
26		\					76						
27		(					77						
28		\					78						
29		\					79						
30		I					80						
31		I					81						
32	(						82						
33		I					83						
34		I					84						
35		I					85						
36		I					86						
37		I					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	37						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS